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## \*\* CONTINUING DATA \*\*\*\*\*

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/CATHY KINGDON WORLEY/ Examiner's Signature	Initials	BRAZIL	10	30	2

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## TITLE

PHARMACEUTICAL PRODUCT COMPRISING TRANSGENIC POLLEN EXPRESSING HETEROLOGOUS  
 POLYPEPTIDES

FILING FEE RECEIVED 1608	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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